

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Emmy's Care Home, LLC	CHAPTER 100.1
Address: 91-382 Kaholo Street, Mililani, Hawaii 96789	Inspection Date: April 9, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII  
DOH-14002  
STATE LICENSING

19 APR 23 P3:13

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications. (b)</u> Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.  <b>FINDINGS</b> Noted resident medication "Lataprost" eye drops unsecured in the refrigerator.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">§11-100.1-15(b)</p> <p>What did you do to correct it?</p> <p>The medication "Latoprost" eye drops were placed in a secured plastic container, and the container was labeled with my resident's name, the name of the medication and the expiration date. The secure plastic container was placed on a shelf, located on the inside door of my refrigerator. This shelf has been designated for resident medications only, no other foods/edibles shall be placed on/in this. The secure container is clearly labeled with my resident's name.</p>	4-22-19

STATE OF HAWAII  
 DEPARTMENT OF  
 STATE LICENSING

19 APR 23 P3:13

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.  <b><u>FINDINGS</u></b> Noted resident medication "Latanoprost" eye drops unsecured in the refrigerator.	<p style="text-align: center;"> <b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b>   <b><u>FUTURE PLAN</u></b>   <b>PART 2</b>             11-100.1-15 (b)             What will you do in the future to not make the same mistake again?             In order to secure that this does not happen again, I will place all medications that require refrigeration in secured plastic containers and have them labeled appropriately. I have educated and counseled my staff on the importance of securing and labeling medications in the refrigerator. I have also added this to my policy and procedure.         </p>	4-22-19

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. <u><b>FINDINGS</b></u> Resident #1 - Emergency medication sheet does not have a current list of prescribed medication.	<p style="text-align: center;"><b>PART 1</b></p> <p><u><b>DID YOU CORRECT THE DEFICIENCY?</b></u></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">11-100.1-17 (f) (4)</p> <p>What did you do to correct it?</p> <p>I corrected this deficiency by updating my resident's medication list to show the most current medications and placed the list inside her chart. This medication list is accessible if there is ever a need for it.</p>	<p style="text-align: center;">4-22-19</p>

STATE OF MARYLAND  
 DEPARTMENT OF  
 STATE LICENSING

19 APR 23 PM 13

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:  All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.  <u>FINDINGS</u> Resident #1- Emergency medication sheet does not have a current list of prescribed medication.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">11-100.1-17(f)(4)</p> <p>What will you do in the future to not make the same mistake again?</p> <p>To ensure that it doesn't happen again, I will update my resident's medication list immediately if there are any medication changes, and have a current list placed in her chart for emergency access. I will update my resident's emergency medication list based on her physician's orders and keep a copy readily available for review by the department and for emergency situations.</p>	<p style="text-align: center;">4-22-19</p>

STATE OF HAWAII  
DOH DIVISION  
STATE LICENSING

19 APR 23 P3:13

Licensee's/Administrator's Signature:

Emily P. Esteban

Print Name:

Emily P. Esteban

Date:

4-22-19

STATE OF HAWAII  
DOH-DHCA  
STATE LICENSING

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